

00458

Reg. Dist. 91

No. 200

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY <i>Cecil</i> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Carville just today</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Pa</i> COUNTY <i>Lancaster</i> CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <i>Peguea Adt</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print) <i>Ralph Gordon Armstrong</i>		(First) <i>Ralph</i> (Middle) <i>Gordon</i> (Last) <i>Armstrong</i>	4. DATE OF DEATH <i>1/7 1956</i>
5. SEX <i>M.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, SPECIFY <i>Single</i>	8. DATE OF BIRTH <i>7-7-1883</i>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <i>Painter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Carpenter</i>	11. BIRTHPLACE (State or foreign country) <i>Lancaster Co. Pa.</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13. FATHER'S NAME: <i>Oliver Armstrong</i>	
14. MOTHER'S MAIDEN NAME: <i>Susie McMullan</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i> 16. SOCIAL SECURITY NO.: <i>161-12-1212</i>	
17. INFORMANT & ADDRESS: <i>Leonard Armstrong, Willow Street</i>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause <i>Acute Coronary Thrombosis</i> (a) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: <i>19b. MAJOR FINDING OF OPERATION:</i>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	21c. (City or town) <i>Mount Cuba</i> (County) <i>Delaware</i> (State) <i>Pa.</i>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>M.</i>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Fell</i>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		SIGNATURE <i>R. Gordon</i> CHIEF MEDICAL EXAMINER <i>R. Gordon</i> DATE SIGNED <i>1-7-56</i>	
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>		DATE THEREOF <i>1/11/56</i>	NAME OF CEMETERY OR CREMATORIAL <i>Mt. Cuba</i> LOCATION (City, town, or county) <i>Pa.</i> (State)
DATE REC'D BY LOCAL REG. <i>Jan. 7, 1956</i>		REGISTRAR'S SIGNATURE <i>Edward Fellows</i>	24. FUNERAL DIRECTOR ADDRESS <i>Edward Fellows Millington Md.</i>
		Mrs. Ralph Keays	

BUREAU V.

JAN 17 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00459

478

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY <u>Cecil</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>ELK Mills</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>New Jersey</u> COUNTY <u>Salem</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Deep Water</u> STREET ADDRESS <u>106 Harrison St.</u>	
3. NAME OF DECEASED: (First) <u>John</u> (Middle) <u>Henry</u> (Last) <u>Aument</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>1 29 1956</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>Sept. 24, 1889</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Machinist Operator</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Dupont Cham. Co.</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>George W. Aument</u>		14. MOTHER'S MAIDEN NAME: <u>ELLA B. Torbert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>146-05-7741</u>	
17. INFORMANT & ADDRESS: <u>George Aument, Newark, Del.</u>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1</u>			
IMMEDIATE CAUSE (A) <u>Congestive heart failure (2nd attack)</u>			
ANTECEDENT CAUSE (B) <u>Congestive heart failure (1st attack)</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec. 12</u> , 1955, to <u>Jan. 29</u> , 1956, that I last saw the deceased alive on <u>Jan. 17</u> , 1956, and that death occurred at <u>5:20 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>J. Ralph Andrews Jr.</u> ADDRESS <u>Elkton, Maryland</u> DATE SIGNED <u>Jan. 30, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Survived</u>		DATE THEREOF <u>2/1/56</u> NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) <u>Cherry Hill Methodist Church, Cherry Hill, N.J.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Feb. 1</u>		REGISTRAR'S SIGNATURE <u>H. Frazer</u>	
		24. FUNERAL DIRECTOR ADDRESS	
		Walter J. Bore, Jr., Elkton, Md.	

RECEIVED FEB 2 1956

RECEIVED
BUREAU V. S.

FEB 2 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1800460

479

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY Cecil

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Liberty Grove Rural LENGTH OF STAY
(in this place)
75 yrs.HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
50

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md.

COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN Liberty Grove RuralSTREET
ADDRESS

(If rural give location)

3. NAME OF
DECEASED:

(Type or Print)

(First) Margaret Pearl

(Middle) Bancroft

(Last)

4. DATE (Month)
OF
DEATH: Jan. 9(Year)
1956

5. SEX:

Female

6. COLOR OR
RACE:

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify)

Widowed

8. DATE OF BIRTH:

Sept. 11, 1880

9. AGE last birthday

75

yrs.

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life.
even if retired)

Housewife

10B. KIND OF BUSINESS
OR INDUSTRY:

Own home

11. BIRTHPLACE (State or foreign country):
Liberty Grove Md.12. CITIZEN OF WHAT
COUNTRY?
U.S.

13. FATHER'S NAME:

Isaac Griest

14. MOTHER'S MAIDEN NAME:

Mary Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

Mrs. Ross Montgomery

Liberty Gro

INTERVAL BETWEEN
ONSET AND DEATH

1/ year

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 X

IMMEDIATE CAUSE

(A)
DUE TO

Carcinoma Uterus -

ANTECEDENT CAUSE (S)

(B)
DUE TO

General Metastasis -

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Myocarditis -

3 yrs

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1954 to Jan. 8, 1956 that I last saw the deceased
alive on Jan. 8, 1956 and that death occurred at 5:15 P.M. from the causes and on the date stated above.
SIGNATURE *J. E. Johnson* ADDRESS *Port Deposit, Md. 21156* DATE SIGNED *1/11/56*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)
Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM
Harmony Chapel Cem.LOCATION (City, town, or county)
Rowlandville(State)
Md.DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS
Rising Sun, Md.

DECEIVED
FEB 12 1962
FBI - NEW YORK
JAN 12 1962
BUREAU V. S

480 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00461

Item 18 Film Gl92 2-8-56 ans

Reg. Dist. No. 96

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

COUNTY **Cecil** MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR, and give nearest town) (in this place)
 TOWN **Perry Point** 31 yrs. 10 mo. 24 days
 HOSPITAL OR STREET ADDRESS
50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Cecil**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **Perry Point (V.A. Hospital)**
 STREET ADDRESS
 (If rural give location)

3. NAME OF (First) (Middle) (Last)

ANTONIO**(NMI)****BENEDITTO**4. DATE (Month) (Day) (Year)
DEATH: January 27 19565. SEX: **Male**6. COLOR OR RACE: **White**7. SINGLE, MARRIED, WIDOWED, DIVORCED,
 (Specify): **Single**8. DATE OF BIRTH: **8-5-75**9. AGE last birthday **80**IF UNDER 1 YEAR
Months Days Hours Min.IF UNDER 24 HRS.
Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Unknown**10B. KIND OF BUSINESS OR INDUSTRY: **Unknown**11. BIRTHPLACE (State or foreign country): **Italy**12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME:

Unknown

14. MOTHER'S MAIDEN NAME:

Unknown15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **Yes** **Philippine**

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT & ADDRESS:

Hospital Records, VAH, Perry Point, Md.18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**490X**

IMMEDIATE CAUSE

18. MEDICAL CERTIFICATION

DUE TO

(A) **Hemorrhage subdural subarachnoid, massive**INTERVAL BETWEEN
ONSET AND DEATH**5 to 6 days**

Part due to trauma

(B) **Fractures multiple, of the skull****5 to 6 days**

DUE TO

(C) **Pneumonia lobar unresolved, right lower****7 to 10 days**

lobe

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.**Arteriosclerosis generalized**

unknown

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (City or town) INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

VA**M.**22. I hereby certify that **X** attended the deceased from **3-3**, 19 **24**, to **1-27**, 19**56**, **xxxxxxxxxxxxxx**and that death occurred at **6:45 PM**, from the causes and on the date stated above.
 ADDRESS **DAVIS** DATE SIGNED **1-31-56**
 SIGNATURE**W. OPPLER, Director, Professional Services M.D. VAH, Perry Point, Md.**23. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

2 - 1 - 56**Irene E. Daugherty****Pennington & Son, Hayre de Grace, Md.**

BUREAU V. S.

FEB 3 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

481

CERTIFICATE OF DEATH

00462

Reg. Dist. No. 97

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY Cecil		MARYLAND	STATE Indiana		COUNTY Ripley			
CITY (If outside corporate limits, write RURAL or end give nearest town)		LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)					
TOWN Bainbridge		3 days	TOWN Madison		52 x -3			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital			STREET ADDRESS R.D. #1		(If rural give location)			
3. NAME OF DECEASED (First) Gertrude (Middle) Doll (Last) Benham			4. DATE OF DEATH 1 18 19 56					
S. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 4, 1881	9. AGE last birthday 74 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.		
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Indiana			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Deceased (unknown)			14. MOTHER'S MAIDEN NAME Deceased (unknown)					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)			16. SOCIAL SECURITY NO. -----			17. INFORMANT & ADDRESS Navy Records		
18. MEDICAL CERTIFICATION								
<p>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33IX IMMEDIATE CAUSE (A) CEREBRAL VASCULAR ACCIDENT GENERALIZED ANTECEDENT CAUSE(S) DUE TO ARTERIOSCLEROSIS DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE _____ STATING UNDERLYING CAUSE LAST. DUE TO (C) _____</p>								
<p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</p>								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
<p>22. I hereby certify that I attended the deceased from 1-15, 19 56, to 1-18, 19 56, that I last saw the deceased alive on 1-18, 19 56, and that death occurred at 4:10 P.M., from the causes and on the date stated above.</p> <p>SIGNATURE <i>Jill L. McHugh</i> ADDRESS (Street, city, town, state) DATE SIGNED 1-19-56</p> <p>H. TILL, LT (MC) USNR M.D. USNH, Bainbridge, Maryland</p>								
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal & Burial		DATE THEREOF 1-19-56		NAME OF CEMETERY OR CREMATORIAL Benham Cemetery		LOCATION (City, town, or county) (State) Benham, Indiana		
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE Dorothy B. Bramble		25. FUNERAL DIRECTOR'S SIGNATURE Lee Patterson		ADDRESS Perryville, Md		
DATE 1-18-56								

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00463

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Cecil</i>	MARYLAND <i>Port Deposit</i>	STATE <i>Md</i>	COUNTY <i>Cecil</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Port Deposit</i>		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Port Deposit</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Rock Run</i>		STREET ADDRESS <i>Rock Run</i>	
3. NAME OF DECEASED (First) <i>George</i>		(Middle) <i>Body</i>	(Last) <i>Body</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>col-</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Nov-38-1868 87</i>
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>GENERAL</i>	11. BIRTHPLACE (State or foreign country) <i>Md</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Rev. George J. Body</i>	14. MOTHER'S MAIDEN NAME <i>Nancy L. Jones</i>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>	16. SOCIAL SECURITY NO. <i>Estelle Jennifer, Port Deposit, Md</i>
17. INFORMANT & ADDRESS	18. MEDICAL CERTIFICATION		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>33IX IMMEDIATE CAUSE (A) Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Paraparesis of side) - Arterio-Sclerosis.</i>		8 yrs-	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov-19-55</i> , to <i>Jan 19, 1956</i> , that I last saw the deceased alive on <i>Jan 19, 1956</i> , and that death occurred at <i>9A.M.</i> from the causes and on the date stated above. SIGNATURE <i>E. Patterson</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF <i>1-21-1956</i>	NAME OF CEMETERY OR CREMATORIAL <i>Mt. Zion</i>	ADDRESS (Street, city, town, state) <i>Port Deposit, Md. 1/20/56</i>
24. REC'D BY REGISTRAR <i>None E. Daugherty</i>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE <i>Lee A. Patterson & Son, Perryville</i>	ADDRESS <i>Md</i>
DATE <i>1-23-1956</i>			

CERTIFICATE OF DEATH

BUREAU V. S.

JAN 21 1966

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00464

467

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE Md. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Cecil STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Elkton Union Hospital 1 day	Elkton rural	Eckton Rd X	
3. NAME OF DECEASED: (Type or Print)	(First) Robert Allen	(Middle)	(Last) Brinkley	
4. DATE (Month) OF DEATH:	1	(Day) 24	(Year) 1956	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH: Sept. 23, 1956	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant	10B. KIND OF BUSINESS OR INDUSTRY:	9. AGE last birthday yrs. 4	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: William T. Brinkley	14. MOTHER'S MAIDEN NAME: Flossie Murdock			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS: William T. Brinkley		
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 weeks
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 056.0 IMMEDIATE CAUSE (A) Due to Pertussis				
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(B) Due to
				(C)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR?	(City or town)	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan. 19, 1956, to Jan. 24, 1956, that I last saw the deceased alive on Jan. 23, 1956, and that death occurred at 7:15 AM, from the causes and on the date stated above. SIGNATURE S. Ralph Anderson, Jr.				
23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial	DATE THEREOF 1/26/56	NAME OF CEMETERY OR CREMATORIAL Elkhorn Cemetery	LOCATION (City, town, or county) Elkton	(State) Md.
DATE REC'D BY LOCAL REGISTRAR Jan 26	REGISTRAR'S SIGNATURE H. Frazer	24. FUNERAL DIRECTOR ADDRESS		
H. Waller de Boe Jr. Elkton, Md.				

BUREAU V. E.

JAN 27 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00465

483

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

COUNTY Cecil

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

TOWN Perry Point

4 yrs. 19 days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Veterans Administration Hospital

3. NAME OF
DECEASED:
(Type or Print)

(First) WILLIAM

(Middle) B.

(Last) CARRINGTON

4. SEX:
RACE:

Male Negro

6. COLOR OR
7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify): Married8. DATE OF BIRTH:
Oct. 26, 189510A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): Farmer10B. KIND OF BUSINESS
OR INDUSTRY:
self-employed

13. FATHER'S NAME:

JESSE CARRINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service) Yes WW-I

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT & ADDRESS:

Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

(A) DUE TO

Auricular fibrillation

INTERVAL BETWEEN
ONSET AND DEATH

1 hr.

ANTECEDENT CAUSE (S)

(B) DUE TO

Cardiac arrest

15-20 min.

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C) DUE TO

Lobectomy, left upper lobe

2 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Tuberculosis pulmonary

unknown

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

VA
 22. I hereby certify that I attended the deceased from Jan. 8, 1952, to Jan. 27, 1956, the cause of death was ~~old age~~, and that death occurred at 2:43 PM, from the causes and on the date stated above.
 ADDRESS
 DATE SIGNED
 SIGNATURE *Oppier, M.D.* 1-29-56

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

REMOVAL

1-29-56

Unknown

Virginia

DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

1-34-56

*Irene E. Dougherty**Carrington + Son eGrace, Md.*
PENNINGTON & SON, Havre De Grace, Md.

BUREAU V. S.

FEB 1 1956

RECEIVED

484

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY X TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	Cecil MARYLAND Perry Point LENGTH OF STAY 26 yrs. 4 mo. 13 days	STATE Maryland COUNTY Baltimore (If rural give location)	3V01-4
3. NAME OF DECEASED: (Type or Print)	(First) GEORGE (Middle) W. (Last) COOK	4. DATE (Month) (Day) (Year) OF DEATH: January 10	5. SEX: Male 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single 8. DATE OF BIRTH: 8-18-93 9. AGE last birthday IF UNDER 1 YEAR Months 62 Days yrs. Hours Minutes IF UNDER 24 HRS. 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman 10B. KIND OF BUSINESS OR INDUSTRY: Penna. Railroad 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME: Joseph Cook 14. MOTHER'S MAIDEN NAME: Isabella Griffith USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) Yes WW I	16. SOCIAL SECURITY NO. unknown	17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 002X IMMEDIATE CAUSE Tuberculosis of the lungs bilateral, with chronic adherent pleurisy, left ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Coronary arteriosclerosis, moderately severe (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH unknown unknown unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that X attended the deceased from 8-28 , 1929, to 1-10 , 1956, and died at Perry Point, Md. Atve on 19 , and that death occurred at 6:30a M. from the causes and on the date stated above. SIGNATURE J.C. Grasberger SERVICES Services ADDRESS DATE SIGNED J.C. Grasberger, Acting Director, Professional M. D. V.A. Hospital, Perry Point, Md. 1-12-56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	DATE THEREOF 1-12-56	NAME OF CEMETERY OR CREMATORIAL Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR 1-12-56	REGISTRAR'S SIGNATURE Irene E. Dougherty	24. FUNERAL DIRECTOR ADDRESS Pennington & Son, Maure de Grace, Md.	

BUREAU V. S.

RECEIVED
JAN 16 1962

00467

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

468

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY <u>Baltimore</u> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Baltimore</u> TOWN <u>Baltimore</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Baltimore</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Baltimore</u> STREET ADDRESS <u>212 W. Main Street</u> (If rural give location)	
3. NAME OF DECEASED: (Type or Print) <u>John Howard Davis</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>Jan. 17, 1956</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. Specify <u>Married</u>	8. DATE OF BIRTH: <u>June 14-1866</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Cigar County Md.</u>	
11. BIRTHPLACE (State or foreign country): <u>Cigar County Md.</u>		12. CITIZEN OF WHAT COUNTRY: <u>A.S.A.</u>	
13. FATHER'S NAME: <u>James Thomas Davis</u>		14. MOTHER'S MAIDEN NAME: <u>Douglas McNeal</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT & ADDRESS: <u>Mrs Russell George daughter-Baltimore-Md</u>			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>450.0</u> IMMEDIATE CAUSE <u>General Arteriosclerosis</u> ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>Due to</u> (A) <u>General Arteriosclerosis</u> (B) <u>Due to</u> (C) <u>Due to</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>While at work</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 25, 1956</u> , to <u>Jan 17, 1956</u> that I last saw the deceased alive on <u>Jan 17, 1956</u> , and that death occurred at <u>3:05 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>Sgt. H. M. Negley</u> ADDRESS <u>Baltimore Maryland</u> DATE SIGNED <u>Jan 18-56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1-21-56</u> NAME OF CEMETERY OR CREMATORIAL <u>Cherry Hill Cemetery</u> LOCATION (City, town, or county) (State) <u>Cherry Hill Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Jan 21</u>		REGISTRAR'S SIGNATURE <u>J. R. Frazer</u>	
24. FUNERAL DIRECTOR <u>Pippin Funeral Home</u>		ADDRESS <u>259 E. Main St. Elton 2nd</u>	

BUREAU V.

JAN 23 1956

RECEIVED

00468
Reg. Dist.

485

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.....

1. PLACE OF DEATH:

COUNTY

Baltimore

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

TOWN Coronado 8 yrs

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

COUNTY

Baltimore

CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWNSTREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:
(Type or Print)

Lola Belle Davis

(Middle)

(Last)

5. SEX:

F.

6. COLOR OR
TYPE:

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED:

Married

8. DATE OF BIRTH:

7-2-1890

9. AGE last birthday:

65

IF UNDER 1 YEAR

yrs.

IF UNDER 24 HRS.

Months

Days

Hours

Min.

1 16 19 56

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY:

Housewife

11. BIRTHPLACE (State or foreign country):

Ashley Co N.C.

12. CITIZEN OF WHAT
COUNTRY:

USA

13. FATHER'S NAME:

Jarris Jones

14. MOTHER'S MAIDEN NAME:

Bethana Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

No

16. SOCIAL SECURITY NO.:

none

17. INFORMANT & ADDRESS:

Elongo Davis Coronado Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) _____

DUE TO _____

Antecedent cause(s) (b) _____

Diseases or conditions, if any, (b) _____

giving rise to the above cause DUE TO _____

stating underlying cause last (c) _____

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? _____
Yes No

(State)

21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY)

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
OF While at Not whileINJURY M. work at work

21f. HOW DID INJURY OCCUR?

BUREAU V. S.

JAN 19 1956

REGELIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00469

486

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Cecil MARYLAND Perryville	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Maryland COUNTY Harford Cardiff
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Adm. Hospital		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (Type or Print)	(First) Paul	(Middle) R.	(Last) Donnan
4. DATE (Month) OF DEATH: Jan. 13,	(Day)	(Year)	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single	8. DATE OF BIRTH: 4-27-89
9. AGE last birthday yrs. 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager		10B. KIND OF BUSINESS OR INDUSTRY: Theater	11. BIRTHPLACE (State or foreign country): Whiteford, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: James A. Donnan		14. MOTHER'S MAIDEN NAME: Elizabeth Lane	
15. WAS DECEASED EVER IN U.S. ARMEED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 215 16 0416	17. INFORMANT & ADDRESS: Hospital Records
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
260X IMMEDIATE CAUSE (A) Arteriolar nephrosclerosis. DUE TO			
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Diabetes Mellitus. DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID (City or town) (County) INJURY OCCUR?
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that attended the deceased from 12/11/....., 1955, to 1/13/....., 1955, the cause of death XXXXXX XXXXXX XXXXXX and that death occurred at 10:55PM, from the causes and on the date stated above. SIGNATURE J. C. GRASBERGER, M.D. DATE SIGNED Acting Director, Professional Services, V.A.H., Perry Point, Md. 1/14/56			
23. BURIAL, CREMATION REMOVAL (SPECIFY) Removal		DATE THEREOF 1-14-56	NAME OF CEMETERY OR CREMATORIAL Slate Ridge
LOCATION (City, town, or county) Delta, Pa.			
DATE REC'D BY LOCAL REGISTRAR 1-14-56		REGISTRAR'S SIGNATURE Irene E. Daugherty	
		24. FUNERAL DIRECTOR John H. Harkins, Delta, Pa.	
		ADDRESS 1/14/56	

BUREAU V. S.

JAN 17 1956

RECEIVED

00470

Reg. Dist.

469

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY <i>Cecil</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Md.</i> COUNTY <i>Cecil</i>	
CITY (If outside corporate limits write RURAL OR and give nearest town) <i>Clinton</i>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <i>Ella Mills</i>	
LENGTH OF STAY <i>in this place</i>		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Union St. H. D. O. A.</i>		STREET ADDRESS	
3. NAME OF DECEASED: (First) <i>Richard</i> (Middle) <i>Harmo</i> (Last) <i>Dove, Jr.</i>		4. DATE OF DEATH <i>1 14 1956</i>	
5. SEX <i>M.</i>		6. COLOR OR <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH: <i>Aug 14 1905</i>	
9. AGE last birthday: yrs. <i>3</i>		10. IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <i>Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>—</i>	
11. BIRTHPLACE (State or foreign country): <i>Eckton Md.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13. FATHER'S NAME: <i>Richard Harmon Dove, Jr.</i>		14. MOTHER'S MAIDEN NAME: <i>Bessie Goraker</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO.: <i>—</i>	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS: <i>Richard H. Dove, Jr. Ella Mills</i>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <i>085.1</i> Immediate cause (a) <i>Bronchitis Pneumonia</i> DUE TO Antecedent cause(s) (b) <i>3 day sneezes</i> . Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>M.</i>		21e. INJURY OCCURRED While at Not while work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>R. W. Hodson</i>			
CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.		DATE SIGNED <i>1-14-56</i>	
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>		DATE THEREOF <i>1/16/56</i> NAME OF CEMETERY OR CREMATORIAL <i>Eckton Cemetery</i> LOCATION (City, town, or county) <i>Eckton</i> (State) <i>Md.</i>	
DATE REC'D BY LOCAL REG. <i>Jan 16</i>		REGISTRAR'S SIGNATURE <i>F. R. Frazer</i> 24. FUNERAL DIRECTOR <i>F. W. Alderson Corp. Eckton, Md.</i> ADDRESS	

BUREAU V. S.

JAN 17 1956

RECEIVED

470

CERTIFICATE OF DEATH

Reg. Dist. No. 200

92 Kent

1. PLACE OF DEATH

COUNTY **Cecil**
 CITY (If outside corporate limits, write RURAL
 OR end give nearest town)
 TOWN **Elkton**

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS
Union Hospital

MARYLAND

LENGTH OF STAY
 (in this place)
Life

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **MD.** COUNTY **Cecil**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **Rural Earleville**

STREET
 ADDRESS

3. NAME OF
 DECEASED
 (Type or Print)**Harry**

(Middle)

(Last)

4. DATE
 OF
 DEATH**Jan. 4, 1956**

19

19

19

S. SEX

6. COLOR OR
 RACE7. SINGLE, MARRIED,
 WIDOWED, DIVORCED,
 (Specify)

8. DATE OF BIRTH

9. AGE last birthday

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Male**White****Single****May 9, 1896****59**

yrs.

Months

Deys

Hours

Min.

10e. USUAL OCCUPATION (Give kind of work
 done during most of working life, even if
 retired)**Farm Labor**10b. KIND OF BUSINESS
 OR INDUSTRY**Farm Work**

11. BIRTHPLACE (State or foreign country)

Md.12. CITIZEN OF WHAT
 COUNTRY?**USA**

13. FATHER'S NAME

Thomas Duff

14. MOTHER'S MAIDEN NAME

Margaret J. Culley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215 32 1633

17. INFORMANT & ADDRESS

Thomas Duff Earleville Md.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

(A)

massive myocardial infarctionINTERVAL BETWEEN
 ONSET AND DEATH**7 min**

IMMEDIATE CAUSE
 ANTECEDENT CAUSE(S) DUE TO
 DISEASES OR CONDITIONS, IF ANY, (B)
 GIVING RISE TO THE ABOVE CAUSE
 STATING UNDERLYING CAUSE LAST. DUE TO
 (C)

Coronary Occlusion**7 min****Atherosclerotic Heart Disease****year.****Pulmonary Embolism****4 days.**

19e. DATE OF OPERATION

19f. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

(State)

21e. ACCIDENT WAS UNDERLYING
 OR CONTRIBUTING CAUSE OF DEATH
 (IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
 OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
 While Not while
 at work at work

21f. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from **June 19, 55**, to **Jan 19, 56**, that I last saw the deceased alive on **Jan 4, 1956**, 19 **56**, and that death occurred at **11:27 A.M.** from the causes and on the date stated above.

SIGNATURE

Edward Fellows

M.D.

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
 REMOVAL (SPECIFY)**Burial**

DATE THEREOF

Jan. 7, 1956

NAME OF CEMETERY OR CREMATORIAL

Cecilton Cemetery

LOCATION (City, town, or county)

(State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

Edward Fellows

25. FUNERAL DIRECTOR'S SIGNATURE

Edward Fellow Millington Md.

ADDRESS

AN 1 1956

AN 1 1956

REGELIV

487

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY CECIL MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN PERRY POINT, MD.		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNSYLVANIA COUNTY ALLEGHENY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PITTSBURGH STREET ADDRESS (If rural give location) 50 438 Cadet Avenue	
3. NAME OF DECEASED: (First) JOSEPH J. FLEISNER		4. DATE (Month) (Day) (Year) OF DEATH: January 14 1956	
5. SEX: M COLOR OR RACE: White 6. COLOR OR RACE: WIDOWED, DIVORCED. (Specify): Divorced		7. DATE OF BIRTH: March 20, 1896	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk.		10B. KIND OF BUSINESS OR INDUSTRY: Unk	
13. FATHER'S NAME: AUTHOR FLEISNER		11. BIRTHPLACE (State or foreign country): Penna.	
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes WW-I		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME: UNKNOWN	
17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE 491X ANTECEDENT CAUSE (S)		DUE TO (A) Bronchopneumonia, unresolved, left lower lobe. (B) Arteriosclerosis with narrowing of coronary artery. (C) Arteriosclerosis, general	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		INTERVAL BETWEEN ONSET AND DEATH 3-5 days Unknown Unknown	
19A. DATE OF OPERATION: 2/2		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Nov. 7, 1956, to Jan. 14, 1956, and that death occurred at 4:05 A.M. from the causes and on the date stated above. Signature J.C. GRASBERGER, M.D. Acting Director Professional Services, VAH., Perry Point, Md. 1/15/56		21F. HOW DID INJURY OCCUR?	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) Unknown Unknown Pittsburgh Pa.	
DATE REC'D BY LOCAL REGISTRAR 1-16-56		24. FUNERAL DIRECTOR ADDRESS REGISTRAR Jane E. Dougherty PITTNGTON & SON, Havre DeGrace, Md.	

BUREAU V. S.

JAN 18 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY <u>Cecil</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Baltimore</u>		LENGTH OF STAY (In months)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Silvers Cannery.</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print)	(First) <u>ERNEST</u>	(Middle)	(Last) <u>HART</u>
5. SEX:	6. COLOR OR HAIR: <u>White</u>	7. SINGLE, MARRIED WIDOWED, DIVORCED, SPOILED	8. DATE OF BIRTH: <u>June 9, 1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Lababorer</u>	10b. KIND OF BUSINESS OR COUNTRY: <u>Canning</u>	11. BIRTHPLACE (State or foreign country): <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME: <u>—</u>	14. MOTHER'S MAIDEN NAME: <u>Texanna Hart</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.: <u>402-05-4759</u>		17. INFORMANT & ADDRESS: <u>Foreman Silvers Cannery, Cecil Md.</u>
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>9168 charred body.</u>			
Immediate cause <u>9168</u>	(a) DUE TO	INTERVAL BETWEEN ONSET AND DEATH	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street office, etc., INJURY) <u>Shack</u>	21c. (City or town) <u>Leslie</u> (County) <u>Cecil Md.</u> (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>1 8 56 130</u>	21e. INJURY OCCURRED While at Not while work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Overheated Oil heater</u>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>O. Ledodson</u>	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.		DATE SIGNED <u>1-9-56</u>
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF <u>1-10-1956</u>	NAME OF CEMETERY OR CREMATORIAL <u>Methodist</u>	LOCATION (City, town, or county) (State) <u>North East Md</u>
DATE REC'D BY LOCAL REG. <u>Jan 10-1956</u>	REGISTRAR'S SIGNATURE <u>Sarah E. Rothermel</u>	24. FUNERAL DIRECTOR <u>Joseph R. Grant</u>	ADDRESS <u>North East Md</u>

BUREAU V. S.

19-10-1952

FBI - NEW YORK

471

CERTIFICATE OF DEATH

Reg. Dist. No. 97

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY CITY (If outside corporate limits, write RURAL OR give nearest town) TOWN	CECIL MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY ELKTON Md STREET ADDRESS (If rural give location)				
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ELKTON 61 years.	STREET ADDRESS	108 Church Street				
3. NAME OF DECEASED (Type or Print)	(First) PERRY (Middle) BARNES (Last) HEVERIN, JR.	4. DATE OF DEATH	(Month) 1 (Day) 24 (Year) 1956				
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARR	8. DATE OF BIRTH 8-3-1894	9. AGE last birthday 61 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Md State Rd.		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME PERRY B. HEVERIN, JR.		14. MOTHER'S MAIDEN NAME Josephine LAMAR		17. INFORMANT & ADDRESS Mrs. Harry Heverin, Elkton, Md			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.		18. MEDICAL CERTIFICATION			
18. I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (A) CONGESTIVE HEART FAILURE (B) MASSIVE MYOCARDIAL OCCLUSION (C) ARTERIOSCLEROSIS (coronary heart disease)		19. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic kidney insufficiency		INTERVAL BETWEEN ONSET AND DEATH 2 months 4 months 2-3 years? 2-4 mos.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County)		(State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-27, 1955, to 1-24, 1956, that I last saw the deceased alive on 1-24, 1956, and that death occurred at 2:05 A.M. from the causes and on the date stated above. SIGNATURE <i>Perry Shuler</i> ADDRESS (Street, city, town, state) DATE SIGNED M.D. 154 W. MAIN, ELKTON, MD 1-24-56.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/27/56		NAME OF CEMETERY OR CREMATORIUM Elkton Cemetery		LOCATION (City, town, or county) Elkton Md (State)	
24. REC'D. BY REGISTRAR DATE Jan. 27, 1956		REGISTRAR'S SIGNATURE F. R. Frazer		25. FUNERAL DIRECTOR'S SIGNATURE H. Walter den Boer		ADDRESS Elkton Md	

MISSOURI STATE DEPARTMENT OF HIGHER EDUCATION

STATE OF MISSOURI

RECEIVED

MISSOURI STATE DEPARTMENT OF HIGHER EDUCATION

BUREAU V.

JAN 27 1956

RECEIVED

489

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

Cecil

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

9 days

TOWN Ferry Point

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

50 Veterans Administration Hospital

3. NAME OF
DECEASED:
(Type or Print) GEORGE N.

2. USUAL RESIDENCE (HOME) OF DECEASED:

D. C.

COUNTY

STATE

Washington

47X-3

STREET
ADDRESS

5344 Grant Street, N.E.

4. DATE (Month) (Day) (Year)
OF DEATH: January 5 1956

5. SEX:

Male

Negro

6. COLOR OR
RACE: 7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify): Married

8. DATE OF BIRTH:

10-4-98

9. AGE last birthday

57

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): Laborer10B. KIND OF BUSINESS
OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT
COUNTRY? USA

13. FATHER'S NAME:

George Hill - Deceased

14. MOTHER'S MAIDEN NAME:

Estelle Stewart - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service) Yes WW I

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT & ADDRESS:

Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

581.0

IMMEDIATE CAUSE

(A)

Hemorrhage inter abdominal

1 day

ANTECEDENT CAUSE (S)

DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B)

Cirrhosis of the liver

Approx.

2 yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

VA M.

While Not while
at work at work

22. I hereby certify that I attended the deceased from 12-27, 1955, to 1-5-, 1956, that I last saw the deceased

alive on 12-27, 1955, and that death occurred at 5:00 AM, from the causes and on the date stated above.

ADDRESS

DATE SIGNED

W. OPPLER, Director, Professional Services, M. D. VAH, Perry Point, Md.

1-5-56

23. BURIAL, CREMATION, DATE THEREOF
REMOVAL (SPECIFY)

1-5-56

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Arlington National

Arlington, Va.

DATE REC'D BY LOCAL
REGISTRAR

1-5-56

REGISTRAR'S SIGNATURE

Irene E. Slaughter

24. FUNERAL DIRECTOR

ADDRESS

Hoffman's Fun. Home, 611 K.St., N.W. Wash.D.C.

BUREAU V. S

JAN 9 1950

RECEIVED

472

CERTIFICATE OF DEATH

Reg. Dist. No. 92

Item 8, Film G192 2-1-56 et

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY ELKTON (If rural give location)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ELKTON Union Hospital.	STREET ADDRESS	202 BLUE BALL STR.		
3. NAME OF DECEASED: (First) (Type or Print)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)		
ANNIE V.		HOLMES	1. 22 1956		
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MAR.	8. DATE OF BIRTH: 1881 Nov. 10. 1888		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.		
13. FATHER'S NAME: JAMES MC DONALD		12. CITIZEN OF WHAT COUNTRY?: U.S.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: —	17. INFORMANT & ADDRESS: Mrs. ESTER RITTENHOUSE, ELKTON.		
18. MEDICAL CERTIFICATION Interval Between Onset And Death					
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X Immediate cause (a) MASSIVE CEREBRAL HEMORRHAGE 2 days.					
Antecedent causes (s) (b) CVA 2 days. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.					
(c) CEREBRAL VASCULAR SCLEROSIS 5-6 yrs.					
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260X DIABETES MELLITUS 20 yrs.?					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) m.	YEAR INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1.17. 1956., to 1.22. 1956., that I last saw the deceased alive on 1.22. 1956., and that death occurred at 8 A.M., from the causes and on the date stated above. SIGNATURE (Degree or title) M.D. ADDRESS DATE SIGNED					
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Jan 24 1956	NAME OF CEMETERY OR CREMATORIUM Friends	LOCATION (City, town, or county) Calvert, Cecil Md	(State)
DATE REC'D BY LOCAL REGISTRAR Jan 23		REGISTRAR'S SIGNATURE H. Frazer	24. FUNERAL DIRECTOR Joseph R. Grant North East Md		

BUREAU V. S.

JAN 25 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00477

CERTIFICATE OF DEATH

Reg. Dist. No. 92

473

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
CITY OR TOWN		MARYLAND	STATE OR TOWN		COUNTY
Cecil Elkton		Length of Stay (in this place)	Md. Elkton		Cecil
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural give location)		
404 North St.			404 North St.		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
Julia A Juergens			JAN. 1 1956		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months Dey's
F	Wh	Widow	Aug. 15, 1865	90 yrs.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY House Wife		
11. BIRTHPLACE (State or foreign country) Ireland			12. CITIZEN OF WHAT COUNTRY U.S.		
13. FATHER'S NAME Benard Pryer			14. MOTHER'S MAIDEN NAME Susan Mulvaney		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs Emma Kincaid Elkton, Md.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
442X IMMEDIATE CAUSE (A) Pulmonary edema ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) Cardiac vascular renal STATING UNDERLYING CAUSE LAST. DUE TO (C)					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at....., 19....., M, from the causes and on the date stated above. SIGNATURE					
ADDRESS (Street, city, town, state)					
DATE SIGNED 1/2/56					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan 4/56	NAME OF CEMETERY OR CREMATORIAL Catholic	LOCATION (City, town, or county) Elkton Md	
24. REC'D. BY REGISTRAR DATE JAN 5 1956		REGISTRAR'S SIGNATURE Z. Rodney Freyer	25. FUNERAL DIRECTOR'S SIGNATURE Pippin Funeral Home Elkton, Md. By D. Henry Lipsair		

NEW YORK STATE DEPARTMENT OF HEALTH - DIVISION OF
HEALTH RECORDS

CERTIFICATE OF DATA

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RECEIVED IN THE LIBRARY OF THE NEW YORK STATE DEPARTMENT OF HEALTH

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BUREAU V. 4
RECEIVED
JAN 5 1956

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00478

490

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Cecil</i>		MARYLAND		STATE <i>Md</i>		COUNTY <i>Cecil</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS (If rural give location)	
TOWN <i>Port Deposit</i>		<i>life</i>		TOWN <i>Port Deposit</i>		<i>Main St</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>on Main St</i>							
3. NAME OF DECEASED (Type or Print) <i>Blanche Krauss</i>				4. DATE (Month) OF (Day) DEATH Jan. 29 (Year) 1956			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 8, 1879</i>	9. AGE last birthday <i>76</i>	IF UNDER 1 YEAR Months <i>0</i>	IF UNDER 24 HRS. Days <i>0</i>	Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>S.S.A.</i>	
13. FATHER'S NAME <i>Abraham Hasson</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Kelly</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <i>Joseph Hatchell, Port Deposit, Md</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>331X</i> IMMEDIATE CAUSE (A) <i>Cerebral Hemorrhage</i>				Diseases or conditions contributing to death but not related to the disease causing death. <i>Arterio-Sclerosis</i>			
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>260X</i>		DUE TO (B) <i>Diabetes</i>		DUE TO (C)		10 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Diabetes</i>				12 yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) <i>None</i>		21b. PLACE (Home, farm, factory, street, office bldg., etc.) <i>West Nottingham</i>		21c. WHERE DID INJURY OCCUR? (City or town) (County) <i>Port Deposit, Md</i>		(State) <i>Colo., Md</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <i>Jan. 26, 1956</i>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>falling</i>			
22. I hereby certify that I attended the deceased from <i>Jan. 26, 1956</i> , to <i>Jan. 29, 1956</i> , that I last saw the deceased alive on <i>January 26, 1956</i> , and that death occurred at <i>10:30 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>G. Hasson</i> M.D. ADDRESS (Street, city, town, state) <i>Port Deposit, Md</i> DATE/SIGNED <i>1/30/56</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>1-31-1956</i>		NAME OF CEMETERY OR CREMATORIAL <i>West Nottingham</i>		LOCATION (City, town, or county) <i>Colo., Md</i>	
24. REC'D BY REGISTRAR DATE <i>1-31-1956</i>		REGISTRAR'S SIGNATURE <i>Irene E. Daugherty</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Irene Patterson</i>		ADDRESS <i>Perryville, Md</i>	

BUREAU V. S.

EB 2 1958

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00479

491

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Cecil		MARYLAND		STATE Maryland COUNTY Cecil	
CITY (If outside corporate limits, write RURAL OR TOWN Port Deposit		LENGTH OF STAY (In this place) 70 yrs		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 83 North Main St.		STREET ADDRESS 83 North Main		(If rural give location)	
3. NAME OF DECEASED (First) Chester (Middle) Arthur (Last) Krauss			4. DATE (Month) Jan. 2 (Day) (Year) 1956		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 25, 1880	9. AGE last birthday 75 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Foreman			10b. KIND OF BUSINESS OR INDUSTRY P.R.R.	11. BIRTHPLACE (State or foreign country) Penns.	
13. FATHER'S NAME Stephen R. Krauss			14. MOTHER'S MAIDEN NAME Anna Barr		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> No <input type="checkbox"/> unk.)		16. SOCIAL SECURITY NO. 218-05-6165		17. INFORMANT & ADDRESS Chester A. Krauss Jr. Port Deposit	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>422.1</i>			18. MEDICAL CERTIFICATION <i>Myocarditis</i>		
IMMEDIATE CAUSE (A) <i>Arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 yrs.</i>		
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Arteriosclerosis</i>			5 yrs.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Port Deposit, Md.</i>	
22. I hereby certify that I attended the deceased from <i>Jan. 14 1955</i> , to <i>Dec. 31 1955</i> , that I last saw the deceased alive on <i>Dec. 31 1955</i> , and that death occurred at <i>9 1/2 M.</i> from the causes and on the date stated above. SIGNATURE <i>B. Patterson</i> ADDRESS (Street, city, town, state) <i>Port Deposit, Md.</i> DATE SIGNED <i>Jan. 2-56</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1-5-1956		NAME OF CEMETERY OR CREMATORIAL Hopewell	
24. REC'D BY REGISTRAR DATE 1-5-1955		REGISTRAR'S SIGNATURE <i>Dene E. Daugherty</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Lera Patterson & Son, Lenoirville, Md.</i>	

DEPARTMENT OF STATE - WASH. D. C.

CERTIFICATE OF DEATH

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U. S. DEPARTMENT OF JUSTICE

Washington, D. C.

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Washington, D. C.

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FBI - WASH. D. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00480

492

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Cecil CITY (If outside corporate limits, write RURAL OR and give nearest town) Colora		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (Type or Print)	(First) Doctor	(Middle) Clark	(Last) Lucas
4. DATE (Month) OF DEATH: Jan. 31	(Day) 1956	(Year)	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: September 15, 1880
9. AGE last birthday 75 yrs.	10. KIND OF BUSINESS OR INDUSTRY: Gardener	11. BIRTHPLACE (State or foreign country): Floyd, Va.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Jack Lucas	14. MOTHER'S MAIDEN NAME: Priscilla Artizer	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service) 90	
16. SOCIAL SECURITY NO. 216-05-8643A		17. INFORMANT & ADDRESS: Mrs. Carl M. Edmondson Delta, Pa.	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Due To Coronary Thrombosis ANTECEDENT CAUSE (B) Due To Coronary Sclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none			
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June, 1952 to Jan. 31, 1956 that I last saw the deceased alive on 1/29, 1956, and that death occurred at 118 M, from the causes and on the date stated above. SIGNATURE			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Feb. 3, 1956	NAME OF CEMETERY OR CREMATORIUM Darlington Cem.	LOCATION (City, town, or county) Darlington (State) Md.
DATE REC'D BY LOCAL REGISTRAR 2/2/1956	REGISTRAR'S SIGNATURE L. M. Worthington	24. FUNERAL DIRECTOR J. Earl Tyson	ADDRESS Rising Sun, Md.

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DIRECTOR
en exec

law may be
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by the law rge

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493

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH

COUNTY Cecil

CITY (If outside corporate limits, write RURAL
OR give nearest town)

TOWN Bainbridge

MARYLAND

LENGTH OF STAY
(In this place)
29 days

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Missouri

COUNTY Taney

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN Branson

62 X-3

STREET
ADDRESS

(If rural give location)

708 Brown Street

3. NAME OF
DECEASED
(Type or Print)

(First) ISABEL

(Middle) (N)

(Last) MEADOWS

4. DATE (Month) (Day) (Year)
OF DEATH 1 18 56

5. SEX

Female

6. COLOR OR
RACE Malayan7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) married

8. DATE OF BIRTH

2-6-18

9. AGE last birthday
37 yrs.IF UNDER 1 YEAR
Months Deys hours Min.10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired) Housewife10b. KIND OF BUSINESS
OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Manila, Phillipine Island

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME

LAMBERTO DE LEON

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

Navy Records

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X IMMEDIATE CAUSE (A) UREMIA

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO

NEPHRITIS - CHRONIC

App. rox. 30 days

DISEASES OR CONDITIONS, IF ANY, (B)
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO

(C)

HYPERTENSION - SEVERE

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19e. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21e. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year)

21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20....., 19 55....., to 1-18....., 19 56....., that I last saw the deceased

alive on 1-18....., 19 56....., and that death occurred at 3:57 P.M. from the causes and on the date stated above.

ADDRESS (Street, city, town, state)

DATE SIGNED

SIGNATURE

W. H. TILL, LT (MC) USNR

M.D. U. S. NAVAL HOSPITAL, BAINBRIDGE, MD. 1-19-56

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

Removal & Burial

1-19-56

Branson Cemetery

Branson Missouri

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE 1-18-56

Dorothy B. Bramble / wa. Patterson & Son, Perryville, Md.

DEPARTMENT OF STATE - WASH. 25, D. C.

STATE DEPARTMENT
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BUREAU V. S.

JAN 28 1956

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 94

1. PLACE OF DEATH:

COUNTY

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN

MARYLAND

LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

North East Beach & Main

3 yrs.

3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

DAVID L. BROSWORTH Moatz

4. DATE
OF
DEATH

(Month)

(Day)

(Year)

1 1 1956

5. SEX:

M.

6. COLOR OR
RACE:

White

7. SINGLE, MARRIED,
WIDOWER, DIVORCED
(Specify)

Married

8. DATE OF BIRTH:

2-16-1901

9. AGE last birthday:

54

yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, eyes, etc.)

10b. KIND OF BUSINESS OR
INDUSTRY:

Ac Produccts

11. BIRTHPLACE (State or foreign country):

Bell Creek, Va

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME:

Mitchell Moatz

14. MOTHER'S MAIDEN NAME:

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unk.)

(If Yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.:

235-05-8471

17. INFORMANT & ADDRESS:

Mrs Daniel B Moatz North East Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

430.1

Immediate cause

(a)

DUE TO

Antecedent cause(s)

(b)

Diseases or conditions, if any,

DUE TO

giving rise to the above cause

stating underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

INTERVAL BETWEEN
ONSET AND DEATH

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.)
INJURY21c. (City or town) (County)
(State)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
While at Not while
work at work

M.

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , andfind that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

Ole Dodson

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAM.

DATE SIGNED

1-1-56

23. BURIAL, CREMATION,
REMOVAL (Specify):

Burial

1-5-56

Gilpin Moral Cemetery

Reister

Md.

DATE REC'D BY LOCAL
REG. 1-3-1956

VS. A15A - 5 - 53

REGISTRAR'S SIGNATURE

Sarah E. Rothermel

24. FUNERAL DIRECTOR

Joseph R. Grant, North East, Md.

ADDRESS

BUREAU V. S.

JAN 6 1962

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

495

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Cecil MARYLAND Perry Point LENGTH OF STAY (in this place) 4 yrs. 5 mo.	STATE (D. C.) MC. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington	COUNTY P.G. (If rural give location) 16 X - 2
3. NAME OF DECEASED: (Type or Print)		(First) DANIEL L. (Middle) (Last) PATE	4. DATE (Month) (Day) (Year) OF DEATH: January 9 1956
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married	8. DATE OF BIRTH: 5-3-76
9. AGE last birthday 79 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard		10B. KIND OF BUSINESS OR INDUSTRY: Government -	11. BIRTHPLACE (State or foreign country): North Carolina
13. FATHER'S NAME: Andrews Field Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes		16. SOCIAL SECURITY NO. 218 240 008	14. MOTHER'S MAIDEN NAME: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
332X IMMEDIATE CAUSE (A) Thrombosis left anterior cerebral artery INTERVAL BETWEEN ONSET AND DEATH 3 to 4 days			
ANTECEDENT CAUSE (S) DUE TO			
(B) Arteriosclerosis, generalized and unknown			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO cerebral, severe			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.		21E. INJURY OCCURRED While Not while at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-9, 1951, to 1-9, 1956, that I last saw the deceased xxxxxxxxxxxxxx , and that death occurred at 11:50aM, from the causes and on the date stated above. SIGNATURE <i>W. Oppler</i> ADDRESS DATE SIGNED <i>1-10-56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		DATE THEREOF 1-10-56	NAME OF CEMETERY OR CREMATORIAL Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.			
DATE REC'D BY LOCAL REGISTRAR 1-11-36		REGISTRAR'S SIGNATURE <i>Dame E. Dougherty</i>	
24. FUNERAL DIRECTOR Pennington & Son, Maure de Grade, Md.		ADDRESS	

BUREAU V. S.

REGISTRY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 96

1. PLACE OF DEATH:

COUNTY

beril

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN

HOSPITAL OR
INSTITUTION OR
STREET ADDRESSLENGTH OF STAY
(In this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Md

COUNTY

beril

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWNSTREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:
(Type or Print)

(First) JOSEPH.

(Middle)

(Last) PETERS

4. DATE
OF
DEATH

1

10

1956

5. SEX:

M

F

6. COLOR OF
FACE:

Black

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,

Divorced

even if retired.

8. DATE OF BIRTH:

no information

73

yrs.

9. AGE last birthday:

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10

1956

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired.)

Laborer.

10b. KIND OF BUSINESS OR INDUSTRY:

Employer

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME:

Levi Peters

14. MOTHER'S MAIDEN NAME:

Isabelle Johnson

Bertha Brown. Port Deposit

Md

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

Bertha Brown. Port Deposit

Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause

(a)

DUE TO

Myocarditis & Hypertension

BUREAU V. S

JAN 16 1966

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I. PLACE OF DEATH:

COUNTY Cecil

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN BainbridgeLENGTH OF STAY
(in this place)
2 hrs.HOSPITAL OR
INSTITUTION OR
STREET ADDRESS U. S. Naval Hospital3. NAME OF
DECEASED:
(Type or Print) RICHARD

(First) BUDDY

(Middle) PROPPS, JR.

(Last)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Cecil

CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN ElktonSTREET
ADDRESS

(If rural, give location)

325 Hollingsworth Manor

4. DATE
(Month) (Day) (Year)
OF
DEATH JAN 2 19 56

5. SEX:

Male

6. COLOR OR
RACE: White7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): single8. DATE OF BIRTH:
4-16-559. AGE last birthday:
IF UNDER 1 YEAR
yrs. 0IF UNDER 24 HRS.
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): ---10b. KIND OF BUSINESS OR
INDUSTRY: ---11. BIRTHPLACE (State or foreign country):
Bainbridge, Maryland12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13. FATHER'S NAME:

Richard Buddy PROPPS, SR.

14. MOTHER'S MAIDEN NAME:

Geraldine GRIFFIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service) ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS:
Navy Records18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:057.1
Immediate cause(a)
DUE TO

SYNDROME

BRONCHOPNEUMONIA WITH WATERHOUSE-FREDRICKSON

INTERVAL BETWEEN
ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any, (b)
giving rise to the above cause DUE TO
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No

(State)

21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY)

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY M.21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

R. Woodson

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
1-3-5623. BURIAL, CREMATION,
REMOVAL (Specify)
Removal & Burial DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
1-3-56 Gilpin Manor Cemetery Elkton MarylandDATE REC'D BY LOCAL REG. 1-3-56 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
Dorothy B. Bramble Peppar Funeral Home Elkton, Md

2051212396

By Dr. N.?

BUREAU V.

JAN 5 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00486

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: 474

COUNTY Cecil

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Elkton

LENGTH OF STAY
(in this place)

16 days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Union Hospital-Elkton

3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

Maude

Leedom

Rose

4. SEX: 6. COLOR OR
RACE:7. SINGLE, MARRIED.
WIDOWED, DIVORCED.
(Specify):

8. DATE OF BIRTH:

Female White

Widow

Oct 20, 1874

81

9. AGE last birthday

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):10B. KIND OF BUSINESS
OR INDUSTRY:

Housewife

Home

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT
COUNTRY?

Bay View Cecil Co Md.

U.S.A.

13. FATHER'S NAME:

Edward T. Leedom

14. MOTHER'S MAIDEN NAME:

Mary Tyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

212-24-7535

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE

(A) DUE TO

Respiratory and Cardiac failure

ANTECEDENT CAUSE (S)

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

Carcinoma of lungs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Pleural effusion

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from Jan. 6, 1956, to Jan 28, 1956, that I last saw the deceased
alive on Jan 28, 1956, and that death occurred at 1 A.M., from the causes and on the date stated above.
SIGNATURE *Mary Tyson* ADDRESS DATE SIGNED *Jan 28/56*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

12 serial

- 31-56

Methodist

North East, Cecil Co, Md.

DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Jan 30

Joseph A. Grand North East, Cecil Co, Md.

BUREAU V. S.

FEB 1 1956

RECEIVED

00487

MARYLAND STATE DEPARTMENT OF HEALTH

498

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

MARGIN RESERVED FOR BINDING
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE	
Cecil		MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)	
Warwick		1 day	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		(First) Benedict (Middle) C (Last) Lavin	
4. DATE OF DEATH		(Month) (Day) (Year)	
5. SEX		6. COLOR OR RACE	
Male		White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
Single		3-16-1902	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Painter		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Benedict Lavin		Mary Ann Holden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT AND ADDRESS	
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 Immediate cause (a) Articular Fracture			
Antecedent cause(s) (b) Coronary Artery disease			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
ADDRESS			
DATE SIGNED			
22. I hereby certify that I attended the deceased from Jan. 5, 1955, to Jan. 5, 1956, that I last saw the deceased alive on Jan. 5, 1956, and that death occurred at 11 A.m. from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG.		REG. DATE	
24. FUNERAL DIRECTOR, ADDRESS		ADDRESS	
January 7, 1956, Mrs. Ralph H. Beck, G. Lester Daniels, Middleton Del.			

BUREAU V. S

JAN 9 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00488

499

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and logically.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Cecil MARYLAND Perry Point LENGTH OF STAY (in this place) 7 mo. 19 days	STATE Maryland COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore STREET ADDRESS (If rural give location) 428 N. Gilmore	3 YO1-4
3. NAME OF DECEASED: (Type or Print)		(First) (Middle) (Last)	4. DATE (Month) (Day) (Year) OF DEATH: January 25 1956
Male	Negro	6. COLOR OR RACE: (Specify): Married	5. SEX: 7. SINGLE, MARRIED, WIDOWED, DIVORCED. 8. DATE OF BIRTH: 11-20-92
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Head Waiter		10B. KIND OF BUSINESS OR INDUSTRY: Mess Hall - V.A.	
13. FATHER'S NAME:		11. BIRTHPLACE (State or foreign country): North Carolina	
Ephraim Shaw - Deceased		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
157X IMMEDIATE CAUSE (A) Peritonitis diffuse INTERVAL BETWEEN ANTECEDENT CAUSE (S) DUE TO onset and death			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinomatosis with rupture of the unknown DUE TO small bowel			
(C) Carcinoma of the head of the pancreas unknown			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary congestion and edema 3 to 4 days			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.		21E. INJURY OCCURRED While Not while at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-6, 1955, to 1-25, 1956, that I last saw the deceased and that death occurred at 9:40PM, from the causes and on the date stated above.			
SIGNATURE W. OPPLER, Director, Professional Services M.D. V.A. Hospital, Perry Point, Md. 1-26-56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		DATE THEREOF 1-26-56 NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) Baltimore National Baltimore, Md.	
DATE REC'D BY LOCAL REGISTRAR 1-27-56		REGISTRAR'S SIGNATURE Irene E. Daugherty 24. FUNERAL DIRECTOR ADDRESS Pennsylvania, Md., Hause de Grace, Md.	

BUREAU V. S

JAN 30 1956

RECEIVED

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:

COUNTY

Cecil
Elton
TOWN
HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
Dogwood Road.

MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

COUNTY

Md.
Cecil
TOWN
Elton
STREET
ADDRESS
(If rural, give location)
Dogwood Road.

3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

4. DATE
OF
DEATH

(Month)

(Day)

(Year)

Gyles

Soule

36

yrs.

months

days

hours

min.

5. SEX:

M.

6. COLOR OR
HAIR:

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify)

Single

Sept 17, 1919

10a. USUAL OCCUPATION
(Give kind of
work done during
most of work life,
even if part-time)

Mechanic

Sawsharpener

Linden N.Y.

10b. KIND OF BUSINESS OR
INDUSTRY:

Pepper's Funeral Home

Elton

Cecil

Md.

11. BIRTHPLACE
(State or foreign country):

Linden N.Y.

12. CITIZEN OF WHAT
COUNTRY?

Herbert E Soule

Grand Baker

Pippin Funeral Home

Elton

Cecil

Md.

13. FATHER'S NAME:

Herbert E Soule

Grand Baker

Pippin Funeral Home

Elton

Cecil

Md.

14. MOTHER'S MAIDEN NAME:

Herbert E Soule

Grand Baker

Pippin Funeral Home

Elton

Cecil

Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.)(If Yes, give war or dates of
service)

16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

Charred Body.

INTERVAL BETWEEN
ONSET AND DEATH

RECEIVED
BUREAU V. S.

FEB 2 1956

00450

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

571

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

COUNTY Cecil

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Perry Point,

LENGTH OF STAY
(in this place)

2 mo. 27 days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

50 Veterans Administration Hospital

3. NAME OF
DECEASED:
(Type or Print)

(First) LAWRENCE

(Middle) W.

(Last) TRUMBLE

5. SEX:

Male

6. COLOR OR
RACE:

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

Divorced

8. DATE OF BIRTH:

12-4-95

9. AGE last birthday

60

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired)

Clerk

10B. KIND OF BUSINESS
OR INDUSTRY:

Government Printing

11. BIRTHPLACE (State or foreign country):

Virginia

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME:

Frank Trumbull (Deceased)

14. MOTHER'S MAIDEN NAME:

Aurglia Curtis (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

Yes

WW-1

16. SOCIAL SECURITY NO.

Unknwon

17. INFORMANT & ADDRESS:

Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

955 X

IMMEDIATE CAUSE

(A) Hemorrhage from cerebral vessels
DUE TO due to Trauma (Electric Shock)

ANTECEDENT CAUSE (S)

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Arteriosclerotic Cardiovascular Disease

INTERVAL BETWEEN
ONSET AND DEATH

2 Minutes

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

VA

M.

While Not while at work at work

22. I hereby certify that X attended the deceased from 10-17, 1955, to 1-13, 1956, and death occurred on the date stated above.

X, Joseph C. Grasberger, Acting Chief,
Joseph C. Grasberger, Professional Services, D. V.A.H., Perry Point, Md.

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIY

LOCATION (City, town, or county) (State)

Removal

1-13-56

Arlington National

Arlington, Virginia

DATE REC'D BY LOCAL
REGISTRAR

1-13-56

REGISTRAR'S SIGNATURE

Irene E. Dougherty

24. FUNERAL DIRECTOR

W.W. CHAMBERS, 1400 Chapin St, N.W.

ASH., D.C.

BUREAU V. S.

JAN 17 1956

RECEIVED

52

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN PERRY POINT LENGTH OF STAY (in this place) 7 DAYS		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN BALTIMORE STREET ADDRESS (If rural give location) 3401-4 602 N. CARROLLTON AVENUE ✓	
3. NAME OF DECEASED: (First) JOHN (Middle) HENRY (Last) WALKER (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH January 20, 1956	
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married	8. DATE OF BIRTH: May 5, 1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter		10B. KIND OF BUSINESS OR INDUSTRY: RR Dining Car	
13. FATHER'S NAME: George Walker		11. BIRTHPLACE (State or foreign country): Washington, D.C.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes WW-I		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 719 07 0641		14. MOTHER'S MAIDEN NAME: Margaret Nelson	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 491X IMMEDIATE CAUSE (A) Bronchopneumonia, bilateral unresolved DUE TO ANTECEDENT CAUSE (S) (B) Myocardial fibrosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Coronary Sclerosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 to 3 days Unknown Unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized, severe		Unknown	
19A. DATE OF OPERATION: 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that XX attended the deceased from Jan. 13, 1956, to Jan. 20, 1956, XX and that death occurred at 6:15 P.M. from the causes and on the date stated above. SIGNATURE E. S. ELLS, Acting Director ADDRESS DATE SIGNED E. S. ELLS, M.D., Professional Service. M.D. VAH, Perry Point, Md. 1-21-56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL	DATE THEREOF 1-22-56	NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) Ft. Myer, Virginia.	(State) (State)
DATE REC'D BY LOCAL REGISTRAR 1-24-56	REGISTRAR'S SIGNATURE Irene E. Daugherty	24. FUNERAL DIRECTOR J. PENNINGTON & SON	ADDRESS Havre DeGrace, Md.

RECEIVED

JAN 26 1956

BUREAU V. S.

593

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY X Cecil	MARYLAND	STATE Md	COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Perryville		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VA Hospital		STREET ADDRESS 320 Radnor Road	
3. NAME OF DECEASED: (Type or Print) Paul		(First) R.	(Middle) Waller
(Last)		4. DATE (Month) (Day) (Year) January 7, 1956	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married	8. DATE OF BIRTH: 12-20-94
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent		10B. KIND OF BUSINESS OR INDUSTRY: Insurance	
13. FATHER'S NAME: Richard Waller		14. MOTHER'S MAIDEN NAME: Ellen Rider	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes		16. SOCIAL SECURITY NO. 212-07-2933	
17. INFORMANT & ADDRESS: Hospital Records			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 491X			
IMMEDIATE CAUSE (A) Bronchopneumonia DUE TO			
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(B) _____ DUE TO			
(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 3 days	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 19XX, Old Freedom, Pa.	
21C. WHERE DID (City or town) INJURY OCCUR?		(County) 19XX, Old Freedom, Pa. (State) Pa.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? falling off a ladder			
22. I hereby certify that I attended the deceased from Dec 9, 1951, to 19XX, Old Freedom, Pa. and that death occurred at 10:30 AM from the causes and on the date stated above. SIGNATURE William M. Harris, M.D. ADDRESS William M. Harris, Acting Chief, Prof. Services DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1-7-56 NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) New Freedom, Pa.	
DATE REC'D BY LOCAL REGISTRAR 1-8-52		24. FUNERAL DIRECTOR ADDRESS Jenkins Funeral Homd, Balt., Md.	
REGISTRAR'S SIGNATURE Teresa E. Daugherty		ADDRESS Howard P. McCollum Jr.	

BUREAU V. 2

JAN 10 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00493

475

CERTIFICATE OF DEATH

Reg. Dist. No. 91

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Cecil	MARYLAND	STATE Maryland	COUNTY Cecil
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Elkton		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chidie	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (Type or Print) Ella		4. DATE (Month) (Day) (Year) OF DEATH: Jan. 24 1956	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married	8. DATE OF BIRTH: April 20 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		10B. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Andy Andrews		14. MOTHER'S MAIDEN NAME: Lucy Hester	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	
17. INFORMANT & ADDRESS: Robert C. White,		INTERVAL BETWEEN ONSET AND DEATH 1/22	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 491X IMMEDIATE CAUSE (A) DUE TO Branch pneumonia			
ANTECEDENT CAUSE (B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Thrombosis -			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1954, to Jan 24, 1956, that I last saw the deceased alive on Jan. 23, 1956, and that death occurred at 11:37 M., from the causes and on the date stated above. SIGNATURE Donald F. Frazer M.D. ADDRESS S. Ethan, Md. DATE SIGNED Jan. 24, 1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1-26-56	
NAME OF CEMETERY OR CREMATORIAL Union Cemetery		LOCATION (City, town, or county) Elstton (Rural) Md.	
DATE REC'D BY LOCAL REGISTRAR Jan 25		REGISTRAR'S SIGNATURE H. Frazer	
24. FUNERAL DIRECTOR Joseph R. Grant		ADDRESS North East, Md.	

BUREAU V. S.

JAN 27 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00494

476

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY STREET ADDRESS
21 CECIL ELKTON	2 days.	MD. ELKTON	CECIL (If rural give location) RFDA#3.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Union Hospital		
3. NAME OF DECEASED: (Type or Print)	(First) KAREN	(Middle) S.	(Last) WOODIE
4. DATE (Month) OF DEATH:	1	(Day) 5	(Year) 1956.
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Child	8. DATE OF BIRTH: May 2, 1954
9. AGE last birthday yrs. 1	10. KIND OF BUSINESS OR INDUSTRY: Child	11. BIRTHPLACE (State or foreign country): Elkton, Md	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Junior N. Woodie	14. MOTHER'S MAIDEN NAME: Louise Blencene	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS: Junior N. Woodie RG 104 3 Elkton	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 571.0 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(A) DUE TO Acute metabolic acidosis (B) DUE TO Acute gastro-enteritis (C) ? Undetermined infection?			
24 hours. 48 hours. Four months.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Nutritional anemia			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-3, 1956, to 1-5, 1956 that I last saw the deceased alive on 1-5, 1956, and that death occurred at 7:45 AM, from the causes and on the date stated above. SIGNATURE: <i>Patsy Slusher</i> ADDRESS: <i>154 W. MAIN ELKTON, MD. 1-6-56.</i> DATE SIGNED: <i>1-5-56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal		DATE THEREOF Jan 7, 1956	
NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <i>N. Elkton, Virginia</i>		(State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR: <i>Jan 6</i>		24. FUNERAL DIRECTOR ADDRESS ADDRESS: <i>Peggy's Funeral Home Elkton, Md.</i>	

BUREAU V. S.

JAN 9 1956

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